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PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Type a plus sign (+) inside this box → 0010/PTO U.S. Department of Commerce **Attorney Docket** H 2938 PCT/US Rev. 6/95 Patent and Trademark Office Number First Named Inventor BEHLER, Ansgar DECLARATION FOR **UTILITY OR DESIGN** COMPLETE IF KNOWN PATENT APPLICATION **Application Number Filing Date** Declaration Declaration **Group Art Unit** Submitted after Submitted' with Initial Filing Initial Filing **Examiner Name** As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COLD-STABLE FATTY ALCOHOL ALKOXYLATES (Title of the Invention) the specification of which is attached hereto 08/24/1998 was filed on (MM/DD/YYYY) as United States Application Number or PCT International **Application Number** PCT/EP98/05355 (if applicable). and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above Lacknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed **Prior Foreign Application** Country Foreign Filing Date Priority Certified Copy Attached? (MM/DD/YYYY Number(s) Not Claimed YES NO 197 38 108.1 Germany 09/01/1997 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto: I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application **PCT Parent Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) Number (if applicable) PCT/EP98/05355 08/24/1998 Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer or wheel Firm Name OR List Attorney(s) and/or agent(s) name and registration number below: Name Registration Name Registration Number Number John E. Drach 32.891 Henry E. Millson, Jr. 18.980 Steven J. Trzaska 36,296 42,516 Aaron R. Ettelman Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. Fill in Customer or label Please direct all OR correspondence correspondence to: Number address below Aaron R. Ettelman Name Cognis Corporation - Patent Department **Address** Address 2500 Renaissance Boulevard, Suite 200 19406 City **Gulph Mills** State PA ZIP 610-278-6548 Telephone 610-278-4930 Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this **Family** Suffix Middl **Behler** Given Ansgar Name e.g. Jr. Name Initial Inventor's Signature Date Residence: **Bottrop** State Country Citizenship Germany Germany City Post Office Address Siegfriedstrasse 80 Post Office Address City 46240 Bottrop Applicant State Zip Country Germany Authority

Additional inventors are being named on supplemental sheet(s) attached hereto

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DAM I	ADDITIONAL INVENTOR(S) Supplemental Sheet												
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor													
Given Name	Horst-Dieter				Middle Initial			Family Name	Schares			Suffix e.g. Jr.	
Inventor's Signature										Date			
Residence: Erkrath City			Sta	State			Country	Germany		Citizenship	Germ	any	
Post Office Address Naheweg 11													
Post Office	Address	<u> </u>				•							
City 40	699 Erkr	ath	State		Zip			Country	Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor													
Given Name					Middle Initial			Family Name				Suffix e.g. Jr.	
Inventor's Signature										Date			
Residence: City	ence:			Sta			Country			Citizenship	p		
Post Office	Address												
Post Office	Address												
City		State			Zip			Country		Applicant Authority			
Name of	Additio	nal Joint Invent	or, if an	y:			A	petition	has been fil	ed for	this unsig	gned inv	ventor
Given Name					Middle Initial		Family Name					Suffix e.g. Jr.	
Inventor's Signature					1_					Date			
Residence: City								Country	,		Citizenship		
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Post Office	Address						_						
City			State		Zip			Country			Applicant Authority		
Name of	Additio	nal Joint Invent	or, if an	y:	1		A	petition	has been fi	led for	-	aned in	ventor
Given Name					Middle Initial		Family Name					Suffix e.g. Jr.	
Inventor's Signature	t					Date		<del>1</del>	•				
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City		1	State		Zip			Country	· T		Applicant Authority		

Additional inventors are being named on supplemental sheet(s) attached hereto